



Architects Act 2004 – s92 - Application for registration as an Architect in the ACT

A1

☐ Application ☐ Renewal ☐ Reapplication

1. Applicant details

Title			Surname		
Given names				Date of birth	/ /
Residential address					
	Territory/State			Postcode	
Postal address					
	Territory/State			Postcode	
Business address					
	Territory/State			Postcode	
Home phone			Business phone		
Mobile phone			Facsimile		
Email					

Privacy information

Information you are asked to provide will be used to assess your ability to hold registration as an Architect in the ACT.

The lawful authority for the collection of this information is the *Architects Act 2004*. The information may be disclosed to other architect registration authorities.

Note

For applicants applying for registration that are not registered in another State or Territory complete points 1, 2, 4 & 5.

For applicants applying for registration under Mutual Recognition (registered in another State or Territory) complete points 1, 3, 4 & 5.

For applicants renewing or reapplying for registration complete points 1, 4 & 5 and list your previous ACT registration number below your signature.

2. Documentary evidence

Please attach **certified copies of:** ☐ Qualifications ☐ Photo identification ☐ 1 x professional reference
☐ AACA APE Certificate ☐ 1 x personal reference ☐ 1 x passport size photo

3. Registration under Mutual Recognition - documentary evidence

Please attach **certified copies of:** ☐ Interstate registration/s ☐ Photo identification

4. Questionnaire

- ☐ No ☐ Yes Have you been bankrupt, or are applying to take the benefit of any law for the relief of bankrupt or insolvent debtors, or compounding with creditors or making an assignment of remuneration for the benefit of creditors?
- ☐ No ☐ Yes Have you been convicted or found guilty of an offence against the *Architects Act 2004* or the repealed *Architects Act 1959*?
- ☐ No ☐ Yes Have you been convicted or found guilty of an offence against a Commonwealth Territory or State law punishable by imprisonment for 1 year or longer?
- ☐ No ☐ Yes Have you ever had Architects Registration disqualified, cancelled or suspended under the corresponding laws of any other State or Territory?

If you have answered 'Yes' to any of the above questions please provide details:

5. Declaration

I declare that the information contained in and attached to this application is complete, accurate and true to the best of my knowledge.

I understand that there are severe penalties for providing false or misleading information.

_____/_____/_____
Signature of applicant Date

Previous ACT Registration no. (if applicable) _____

Please attach your passport size photo here if required to complete Part 2

Office use only

Fees

App fee.

Lic. fee.

Other

Date received

Receipt no.

Reg no.

Receiving officer

Lodgement options

Fees apply to this application and will vary according to financial year. Please refer to the Environment and Sustainable Development Directorate's **Fees and Charges Booklet** available at www.actpla.act.gov.au alphabetically under **publications**.

Architect Registrations do not include GST.

Cheques should be made payable to the "Receiver of Public Monies".
Please provide your name and address on the back of the cheque.

Payment options

IN PERSON - present your cash, cheque, money order or credit/debit card (\$5000.00 maximum payment for credit card) at the Environment and Sustainable Development Directorate's shopfront, ground floor south, Dame Pattie Menzies House, 16 Challis Street, Dickson, ACT (8:30 am to 4:30 pm Monday to Friday except public holidays).

BY MAIL- enclose a cheque or money order or complete the credit card details and payment details (\$5000.00 maximum payment for credit card) then post it to ACT Architects Board, Environment and Sustainable Development Directorate, GPO Box 1908, Canberra ACT 2601.

ACT ARCHITECTS BOARD ENQUIRIES - Please call (02)6207 6288, facsimile (02) 6207 6438.

Payment authority - mail payments only (see above)

Please charge the amount of \$_____ to the: ☐ Mastercard ☐ Visa of:

Name of cardholder	_____		
Card number	_____	Expiry date	____ / ____ / ____
Cardholder's signature	_____	Date	____ / ____ / ____